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Bib Data Sheet

|  |   |                                   |   |  |                                 |
|--|---|-----------------------------------|---|--|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/662,740   | <b>FILING DATE</b><br>09/15/2000<br><b>RULE</b> -   | <b>CLASS</b><br>375               | <b>GROUP ART UNIT</b><br>2631   | <b>ATTORNEY DOCKET NO.</b><br>27950-453    |                                 |
| <b>APPLICANTS</b><br>Francois Sawyer, St-Hubert, CANADA;<br><b>** CONTINUING DATA *****</b> <i>None ek</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>None ek</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/26/2000</b> -  |   |                                   |   |  |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>John Chumt</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br><del>10</del><br>39 | <b>INDEPENDENT CLAIMS</b><br>10 |
| <b>ADDRESS</b><br>Andre M Szuwalski<br>Jonkens & Gilchrist PC<br>3200 Fountain Place<br>1445 Ross Avenue<br>Dallas, TX 75202-2700 <i>#27902</i>  |   |                                   |   |  |                                 |
| <b>TITLE</b><br>Method and device for attenuating an interferer from a communication signal  |   |                                   |   |  |                                 |
| <b>FILING FEE RECEIVED</b><br>1758   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                 |